

Use continuation sheet(s) if necessary

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PAID BY

(Address)

Govt. B/L No.

(PAYEE MUST **NOT** USE THIS SPACE)

Title _____

Cost Reimbursable

Standard Form No. 1034 7 GAO 5000 1034-112-02		PUBL VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL					
U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION		DATE VOUCHER PREPARED 11 August 1964		VOUCHER NUMBER SES-W 115 (3)			
		CONTRACT NUMBER AND DATE		PAID BY			
		REQUISITION NUMBER AND DATE Oct 5 12 20 PM '64					
PAYEE'S NAME AND ADDRESS Sylvania Electric Products, Inc. P. O. Box 1466 Church Street Station New York, New York 10008 HW-500		DATE INVOICE RECEIVED		DISCOUNT TERMS			
		PAYEE'S ACCOUNT NUMBER		GOVERNMENT B/L NUMBER			
		SHIPPED FROM		TO		WEIGHT	
		NUMBER AND DATE OF ORDER		DATE OF DELIVERY OR SERVICE		ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	
				QUAN- TITY			
				UNIT PRICE COST PER			
				AMOUNT (1)			
				G & A Adjustment from 6.2% to 5.8%			
				Costs incurred at SES-W month of July 1964:			
				Direct Labor \$5,064.50			
				Overhead @ 125% 6,330.63 ✓			
				Material 649.93			
				Other Direct Charges 280.49			
				Sub Total \$12,325.55 ✓			
				G & A @ 5.8% 714.88			
				Total Costs \$13,040.43			
				TOTAL AMOUNT CLAIMED THIS VOUCHER \$12,778.53			
				TOTAL \$12,778.53			
(Payee must NOT use the space below)							
PAYMENT:		APPROVED FOR		EXCHANGE RATE			
<input type="checkbox"/> COMPLETE		= \$		= \$ 1.00			
<input type="checkbox"/> PARTIAL		BY ²		DIFFERENCES			
<input type="checkbox"/> FINAL		TITLE		Amount verified; correct for			
<input type="checkbox"/> PROGRESS				(Signature or initials)			
<input type="checkbox"/> ADVANCE							
Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.							
(Date)		(Authorized Certifying Officer) ²		(Title)			
ACCOUNTING CLASSIFICATION (Appropriation symbol must be shown; other classification optional)							
CHECK NUMBER		ON TREASURER OF THE UNITED STATES		CHECK NUMBER			
CASH		DATE		PAYEE ³			
\$				PER			
				TITLE			

¹ When stated in foreign currency, insert name of currency.
² If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title.
³ When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.

Standard Form No. 1034 7 GAO 5000 1034-119-02		PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL										
U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION		DATE VOUCHER PREPARED 11 August 1964		VOUCHER NUMBER SES-W 115 (4)								
		CONTRACT NUMBER AND DATE		PAID BY								
		REQUISITION NUMBER AND DATE Oct 5 12 20 PM '64										
PAYEE'S NAME AND ADDRESS <div style="border: 1px solid black; padding: 5px; display: inline-block;"> Sylvania Electric Products, Inc. P. O. Box 1466 Church Street Station New York, New York 10008 </div>		DATE INVOICE RECEIVED		DISCOUNT TERMS								
		PAYEE'S ACCOUNT NUMBER		GOVERNMENT B/L NUMBER								
		SHIPPED FROM		TO		WEIGHT						
		NUMBER AND DATE OF ORDER		DATE OF DELIVERY OR SERVICE		ARTICLES OR SERVICES <i>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</i>						
STAT <div style="border: 1px solid black; padding: 5px; display: inline-block; transform: rotate(-90deg); transform-origin: left top;">8/27/64</div>		7/1/64 to 7/31/64		Fee Billable month of July, 1964:		QUANTITY		UNIT PRICE COST PER		AMOUNT (\$)		
				AUTHORIZED CONTRACT COST \$97,000.00 AUTHORIZED CONTRACT FEE 8,250.00 COSTS BILLED TO DATE (PV 1-3) 82,314.24 PERCENTAGE OF COMPLETION 84.9% FEE BILLABLE TO DATE 84.9% \$ 7,000.00 LESS FEE PREVIOUSLY BILLED 5,915.00 FEE BILLABLE \$ 1,085.00 TOTAL AMOUNT CLAIMED THIS VOUCHER \$1,085.00								
(Use continuation sheet(s) if necessary) (Payee must NOT use the space below) TOTAL \$1,085.00												
PAYMENT: <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE		APPROVED FOR = \$		EXCHANGE RATE = \$ 1.00		DIFFERENCES						
		BY ²										
		TITLE				Amount verified; correct for (Signature or initials)						
Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.												
		(Date)		(Authorized Certifying Officer) ²		(Title)						
ACCOUNTING CLASSIFICATION (Appropriation symbol must be shown; other classification optional)												
PAID BY	CHECK NUMBER ON TREASURER OF THE UNITED STATES				CHECK NUMBER ON (Name of bank)							
	CASH DATE				PAYEE ³							
								PER				
								TITLE				

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